

## **PSJ2 Exh 96**

1 UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF OHIO  
3 EASTERN DIVISION

4 IN RE: NATIONAL )  
5 PRESCRIPTION ) MDL No. 2804  
6 OPIATE LITIGATION )  
7 \_\_\_\_\_ ) Case No.  
8 ) 1:17-MD-2804  
9 )  
10 THIS DOCUMENT RELATES ) Hon. Dan A.  
11 TO ALL CASES ) Polster  
12 )

13 THURSDAY, JUNE 13, 2019

14 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
15 CONFIDENTIALITY REVIEW

16 - - -

17 Videotaped deposition of Gerard  
18 Hevern, M.D., held at the offices of Dechert  
19 LLP, 100 Oliver Street, 40th Floor, Boston,  
20 Massachusetts, commencing at 9:04 a.m., on  
21 the above date, before Carrie A. Campbell,  
22 Registered Diplomat Reporter and Certified  
23 Realtime Reporter.

24 - - -

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1                   So there's many, many factors  
2                   that are -- and that's what I tried to  
3                   give in my report.

4       QUESTIONS BY MS. GAFFNEY:

5               Q.       And how does the need to  
6                   address underlying chronic pain conditions as  
7                   a result of medical problems factor into the  
8                   development of the opioid crisis?

9                   MR. BLANK:  Objection.

10                  THE WITNESS:  How does the  
11                   what?

12       QUESTIONS BY MS. GAFFNEY:

13               Q.       The first factor you listed was  
14                   the need to address underlying chronic pain  
15                   conditions as a result of medical problems.

16                   How does that factor into the  
17                   current opioid crisis?

18                  MR. BLANK:  Objection.

19                  THE WITNESS:  Well, there was a  
20                   problem identified in the late '90s  
21                   and early 2000s that physicians were  
22                   inadequately managing chronic pain.

23       QUESTIONS BY MS. GAFFNEY:

24               Q.       How does that relate to an  
25                   opioid crisis?

1 MR. BLANK: Objection.

2 THE WITNESS: The pressure was  
3 placed upon the hospitals and  
4 communities and physicians to address  
5 this issue, and one of those  
6 medications or a group of medications  
7 that could address that issue were  
8 opioids.

9 QUESTIONS BY MS. GAFFNEY:

10 Q. So if this group of medications  
11 is being used to address a need that had been  
12 identified of inadequately managed chronic  
13 pain, how does that relate to development of  
14 an opioid crisis?

15 MR. BLANK: Objection.

16 THE WITNESS: It's a factor  
17 that contributes to medicines that  
18 were available -- excuse me, that were  
19 available to be diverted.

20 QUESTIONS BY MS. GAFFNEY:

21 Q. So am I correct in  
22 understanding what you're saying is that the  
23 increased availability of prescription  
24 opioids was a factor in the development of  
25 the opioid crisis?

1 MR. BLANK: Objection.

2 THE WITNESS: What I'm saying  
3 is that the appropriate prescription  
4 of opioids to patients who needed them  
5 did not contribute to the problem, but  
6 there was diversion of medications  
7 that did occur.

8 QUESTIONS BY MS. GAFFNEY:

9 Q. And what is your understanding  
10 of the diversion of medications that did  
11 occur?

12 A. Medicines were taken or stolen  
13 from people who were getting prescriptive  
14 prescriptions, legitimate prescriptions, and  
15 that was a source of diversion.

16 Q. Is it your opinion that all of  
17 the opioids that were prescribed for chronic  
18 pain were, as you say, legitimate  
19 prescriptions?

20 MR. BLANK: Objection.

21 THE WITNESS: As far as I would  
22 determine, yes.

23 QUESTIONS BY MS. GAFFNEY:

24 Q. And what's your basis for  
25 saying that?

1           A.       My own personal experience and  
2       the experience of people that I met in  
3       different pain conferences that I went to and  
4       different -- that were supported by the  
5       American Pain Society, that there was a  
6       legitimate use for opioids.

7           Q.       So just to understand, it's  
8       based on your own personal experience but  
9       also your knowledge of the prescribing  
10      practices of other physicians?

11          A.       I don't have personal knowledge  
12      of prescribing practices, but, again, it's  
13      a -- it is knowledge arrived by conversation  
14      with and attendance at educational lectures  
15      that were geared toward informing physicians  
16      who were managing chronic pain.

17          Q.       When you refer to educational  
18      lectures, you mentioned a moment ago the  
19      American Pain Society.

20                   Are you referring to the same  
21      thing? Are these educational lectures  
22      supported by the American Pain Society?

23          A.       There's -- yes.

24          Q.       And with this knowledge arrived  
25      by a conversation with other physicians and

1 attendants at lectures such as these, did you  
2 see a change in prescribing practices over  
3 time with respect to opioids?

4 A. There was an increase in the  
5 prescriptive -- in prescribing opioids during  
6 the 20 years that I attended these lectures,  
7 yeah.

8 Q. Going back to what you said a  
9 moment ago about diversion and the medicines  
10 being taken or stolen from people who were  
11 getting legitimate prescriptions as a source  
12 of diversion, what's the basis for your  
13 saying that?

14 A. Police reports.

15 Q. Your review of police reports;  
16 is that what you mean?

17 A. Presentations on TV and radio.

18 Q. In your practice, have any of  
19 your patients ever experienced having their  
20 prescriptions taken or stolen from them?

21 A. Yes.

22 Q. Are you familiar with the term  
23 "pill mill"?

24 A. Yes.

25 Q. And what is your understanding